N. B.

1. PLACE OF DEATH	(8)
County Specific	Registration Dist. No. 213
Village or City Eduville	NoSt., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth? yrs, mos. ds,
2. FULL NAME SUIL OF SU	5 miles veck
(a) Residence: No. (Usual place of abode)	St., Ward.  If unresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sear- 20 ,193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 20/33	I last saw h. Jaffre om 19
7. AGE Years Months Days If LESS than 1 day,hrs.	mere as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Level Co	Other Coutributory Causes of importance:
(State or country)	-
13. NAME Welliam Section 14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME . Linge Nullaus	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT AVM Reek.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Chreledon	
18. BURIAL, CREMATION, OR REMOVAL Place Edisville Date May 22, 19.33	Manner of Injury
19. UNDERTAKER Stallgarn 13.1CR	24. Was disease or Injury In any way related to occupation of deceased?
(AUDIESS) / Well Hall	Il so, specify
20. FILED 3 / 22, 19 03 19 . JUN SINV ausy Registrar	(Signed) (Signed) (Address) The Later Hall many

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMEN'	S BY	PHYSICIAN
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7. PHYSICIANS should state Exact statement of OCCUPA-CORD. Every item of infor-PHYSICIANS stated EXACTLY. PERMANENT properly classified. BINDING certificate. FOR UNFADING INK-THIS MARGIN RESERVED See instructions on back of AGE should be CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully important. B.-WRITE PLAINLY. TION is very

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03028
1. PLACE OF DEATH	(22-Q)
County Kent	Registration Dist. No. 203
Village or City Cock Hall	NoSt.; Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary Maria Co	20.1-4
(a) Residence: No. Roeff Hall, M	Clear, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Mar. /2  193.3
5a If married widowed or discour	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
thomas Collyer	10-1 1925 to 3 12 1935
6. DATE OF BIRTH (month, day, and year) June 1591857	I last saw h alive on 3 - 1 3 , 19 3 ; death is said
7. AGE Years Months Oays 1f LESS than 1 day,hrs.	to have occurred on the date stated above, atfA_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
75 8. Trade, profession, or particular	were as follows:  Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	apo jesto (a)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year)	
000 0 1	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	14/3/
13. NAME Thomas Jones	
13. NAME Shows Jones  14. BIRTHPLACE (city or town) Maryland	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME and Maria Croue 16. BIRTHPLACE (city or town). Mary and.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) Mary and.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Suous a. Collyw (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wesley Chapel Ned Oate Mar: 15, 1933	Nature of injury
19. UNDERTAKER Chas. L. Dodd	24. Was disease or injury in any way related to occupation of deceased?
(Address) Thestertown, Md.	If so, specify for for form
20. FILED 3/13 1933 B. Lus Drudy	(Signed) Properties M. O.
Registrat.	(Addres Off Loves Jones

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	HEATE
Gallstones	May 1,1923	Gastroenteritis	1 year

	(A)	Registration (	Dist. No. 230	(
wost of the second	No.  f death occurred in a hospital or institute.  ds. How long in U.S. if o	ation, give its NAME	St.,	
	St., Ward.	If nonresident s	give city or town an	d State
RS	MEDICAL C	ERTIFICATE	OF DEATH	
DOWED.	21. DATE OF DEATH	mar (Month)	8 (Tray)	, 19:33 (Year)
kusu SS than	I last saw half alive on the to have occurred on the date state	ed ebove, at 6 1	AM,	19 3 death is said
. min.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related cause	s of IEEE Cance	Date of onset
e.	lances	tur		Thur
of services	Other Contributory Causes of impo	ortancer.	hit.	senie Jis
1	Name of operation	one	Date of.	
7	. What test confirmed diagnosis?		Was there an	eutopsy?
20,19.33	23. If death was due to external cau Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in Manner of injury	(Specify city or t n INDUSTRY, in HOM	own, county and St	, 19
nad	24. Was disease or injury in any w		tion of deceased?	no

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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Stated EXACTLY. PHYSICIAMS STATES Stated EXACTLY. Exact statement of OCCUPA-ORD. Every item of infor-UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING AGE should be pe

TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

V. S. No. 1 N. B.

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	130
County Least	Registration Dist. No. 203
Village or City Kack Kack	NoSt.,Ward
10	If death occurred in a hospital or institution, give its NAME instead of street and number)  as ds. How long in U.S. if of foraign birth?
Length of residence in city or town where death occurred Ofyraymo	os. ds. bow long in U.S. if of foreign birth?mosds.
2. FULL NAME / llgam from	is downey
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 2
Male While OR DIVORCED (write the word)	Sharet 4th , 193 3
5a. If married, widowed and divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY That I attended deceased from
161.1	M. 3
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	last saw hear alive on 1953; death is said to have occurred on the data stated abova, at 3. A.m.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade explanation or particular	were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Combrel Hemontos. 1010
9. Industry or business in which	7.27
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and)	
Mulex.	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) - Summer (State or country)	Chrone Make tin 1929
13. NAME Herlism Dawney	
13. NAME Merilian Dawney  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
(State or country) Mid	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Lebesce former	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whara did injury occur?
17. INFORMANT MANUSCE. B. Drivnes	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Roch Had	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Willy Charles Date / Mars 6 , 1933,	Nature of injury
19. UNDERTAKER W. H. Good	24. Was disease or injury in any way related to occupation of deceased?
(Address) Church Sill, Md	If so, specify
20. FILED 3/6 19 33 / 2 . 7 sem Durdin	(Signed) M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year '_

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	59
County /Ceut	Registration Dist. No. 203
Village or City Rock Hall	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?
2. FULL NAME Matthe V. Edwar	18/
(a) Residence: No. Rock Hale, Ma	/ . St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warred	21. DATE OF DEATH  Nov. 20, 193 3  (Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22 LHEDERY CERTIFY TO LINE
(or) WIFE of Clarence f. Edward	March 1 1933, 10 March 20, 1955
6. DATE OF BIRTH (month, dey, and year) Quy. 13-1884	I last saw h 22 elive on 777 arch 20, 19 33; death is seid
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the dete steted above, atA.m.
48 7 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Claule My ocar dites
SAWYER, BDOKKEEPER, etc.  9. Industry or business in which  House 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9. Industry or business in which work was done, es SILK MILL,  SAW MILL, BANK, etc	
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Dete deceased last worked et this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Manyland (State or country)	Other Contributory Causes of importance: Deabettey 777.
II 13. NAME James Dolow	4 Dance on Cour
13. NAME James Dolows 14. BIRTHPLACE (city or town) Maryland	Neme of operation
(State of country)	Whet test confirmed diagnosis? Wes there en eutopsy? 23.0
15. MAIDEN NAME Mary E. ashley	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary & Cashley 16. BIRTHPLACE (city or town) Mfaryloua (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Clarence F. Edwards (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wesley Chaptel Dete Mar. 22, 1933	Neture of injury
19. UNDERTAKER Chas. L. Dodd.	24. Wes disease or injury in any way releted to occupetion of deceesed?
(Address) Chestertoen Ms.	If so, specify
20. FILED 3 / 22 , 19 33 /3. 7. Dinding Register.	(Signed) Mulau John M. D. (Address) Rock Mall M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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[]		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street ear  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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•	CORD, Every PHYSICIANS vact statement	
FOR BINDING	IS A PERMANENT stated EXACTLY. properly classified. Exertificate.	
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, W. I. UNFADING INK—THIS IS A PERMANENT CORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instructions on back of certificate.	
V. S. No. 1	N. B.—WELTE PLAINLY, mation should be car. CAUSE OF DEVIH TION is very importa	

19. UNDERTAKER

(Address)

should state of OCCUPAitem of infor-

STATE OF  1. PLACE OF DEATH  County Kent  Village or City Sassufras  Length of residence in city or town where death  2. FULL NAME Fredrich	· (II	Registrati  No. f death occurred in a horpital or institution, give its NA the Mow long in U.S. if of foreign birth?	on Dist. No. 2
(a) Residence: No.	(Usual place of abode)	St., Ward.	dent give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH  March  (Month)	/3, 193 3 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Lence Stresser  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months	4. 9, 1853 Days   11 LESS than	1 I HEREBY CERTI  1 I last saw h and alive on the date stated above, at General and the date stated above, at General and the date stated above.	/3, 19.3.3; death Is said
8: Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related cowere as follows:	Date of onset  / Wiffinds 1930
12. BIRTHPLACE (city or town) (State or country)	spent in this occupation	Other Contributory Causes of importance:	2 Mus,
13. NAME Sev. Surese 14. BIRTHPLACE (city or town) (State or country)  Serve	my.	Name of operation	
15. MAIDEN NAME unbown  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mrs. Leva Gradiess)  (Address)  Surrange	usser	23. If death was due to external causes (VIOL ENCE Accident, suicide, or homicide?  Where did injury occur?  (Specify city Specify whether Injury occurred in INDUSTRY, In	Date of injury, 19

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of Injury Nature of injury

If so, specify

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	APR 6 1933	July 5,1927	Peritonitis	3 days ago
	BURDAU V. S.			
Other contributory of	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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# DEATH

County Kerry	STATE OF MARYLAND CERTIFICATE OF DEATH
7 / 9/	Registration Dist No. 263
Village or City & BEN HOLLE MOD 2. FULL NAME GOLDE MOD 2.	St: Ward) (If death occurred in a hospit do reinstitution, give its NAME istead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Black Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Zifeless , 19233
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month (Day) (Year)	that Wast saw in alive on 19235.
Lifless mos. ds. or min.?	and that death occurred on the date stated above, atm.
(a) Trade, profession or particular kind of work	Weath caused by
(b) General nature of industry business, or establishment in which employed or (employer)	Irally Bulaton - John do.
(State or country) Rock H all	Contributory De Laste William de
TO NAME OF Original Day Long his	(Signed) Filliam For Deall M. D.
11 BIRTHPLACE OF FATHER (State or country) bridge Frid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE

OF MY KNOWLEDGE

(Informant)

usual residence

ients or Recent Residents)

Where was disease contracted, if not at place of dea.h?

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

DATE OF BURIAL

State yrs ......ds.

If more bianks are needed, address State Registrar, 16 W. Saratogs St., Balto., Requesting V. S. No. 1.

Registrar

At place of death

Former or

S. σô WRITE

HYSI-Exact

classified

prope

may be

000

Shou

TION

4

Ad

OF MOTHER

(State or country)

O informa

Every item of Inform CIANS should state statement of OCCUP,

20

BINDING

FOR

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, (h) Cotton mill; (a) Salesman. (h) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, laborer, For many occupations a single word or term on 9/78). Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day who are engaged in the duties of the Stationary fireman, etc. But in many For persons who have no occupation (a) the kind of work and also (b) the Locomolive (b) Grocery; engineer;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal feith (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of telemus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpais, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid by Committee on for malignant neoplasms); Masles; Chronic Example: Mcasles (disease " "Coma," "Convulsions, etc. The contributory valvular heart Nomenclature Always qualify all discuse.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	
tem of should of OCC	County Class	Registration Dist. No. 23 20
5.6	Village or City Great,	No. St., Wal
EORD. Every ite PHYSICIANS sl ict statement of	2. FULL NAME Acres for the control of the control o	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
TT C. Exa	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March 3  (Month)  (Day)  (Year)
OR BINDING A PERMANE: ted EXACT operly classified	5a. 11 married, widowed, or divorced HUSBAND o1 (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than 1 day,hrs. 01min.	1 HEREBY CERTIFY. That attended deceased from 1921 to March 3 1921; death is satisfactory of the PRINCIPAL CAUSE OF DEATH and related causes of importance
- 70	8 Trade profession or particular	Chroni Myrandila + Date of onse
SERVE NK—TI should it may in back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chr. hiftichis 1925
IN DIN So so retice	12. BIRTHPLACE (city or town) Quil Compation 20 (State or country)	Other Contributory Causes 01 Importance:
MA U sup in te	13. NAME Warra Johnson  14. BIRTHPLACE (city or town) Coul Es Ma  (State or country)	Name of operation Date of
- E - 3	15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In elso the following:
E PLAINLY, We should be careful OF DEATH, in s very important	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	Accident, suicide, or homicide?
	18. BURIAL, CREMATION, OR REMOVAL PIECE LIKE HICK Date Mexical 5 - 1923	Menner of injury
S. No. 1 B.—WRIT mation CAUSI TION i	19. UNDERTAKER Sarah Jean Mal.	24. Was disease or Injury In any way related to occupation of deceased?
» ×	20. FILED	(Address) Jackless M. (Address) Line 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.-The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

48	2
	Registration Dist. No.
	St., Ward
mos ds. How long in U.S. if	of foreign birth? yrs mos ds

Length of residence in city or town where death occurred	yrsmosd	s. How long in U.S. I
FULL NAME annie	Olivia	-mar
(a) Residence: No.	St.	· Ward.

MEDICAL CERTIFICATE OF DEATH

If nonresident give city or town and State

(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruprice the word)	21. DATE OF DEATH
HUSBAND of (or) WIFE of Warden William All Mair	22. HEREB
DATE OF BIRTH (month, day, and year) Fully Z 1869.  AGE Years Months Days If LESS than 1 day, hrs.	I last say here alive on to have occurred on the date of The PRINCIPAL CAUSE OF DE
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	accerie
2. BIRTHPLACE (city or town)	Other Contributory Causes of im

1. PLACE OF DEATH

2.

MOTHER

15. MAIDEN NAME

19. UNDERTAKER (Address)

16. BIRTHPLACE (city or town) (State or country

		(Mohih)	(bay)	(Year)
22.	HEREB	YCERTIF	He diat I attend	ed deceased fr
	t say her alive on	Musch	7 193	3; death is sa
The	PRINCIPAL CAUSE OF DE			
were	as follows:	110 4		Date of ons
U	ecemen			lues
	metric	eon.		
Othe	er Contributory Causes of im	portance:	~~~~~	

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

FATHER 13, NAME 14. BIRTHPLACE (city or town) (State or country)

23. If death was due to external causes (VIOL ENCE) fill in also the following:

(Address) 18. BURIAL, CREMATION, OR

24. Was disease or injury in any If so, specify (Signed)

Accident, suicide, or homicide

Where did injury occur?.

Manner of injury

Nature of injury

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
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Arteriosclerosis	1915	Altack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Control of the Contro	- Annual State of the State of		
Other contributory causes of importance	e:	Other contributory causes of importance:	1 = 1 = 1
Gallstones	May 1,1923	Gastroenteritis	1 year

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Othor contributory course of immentance			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

03037

1. PLACE OF DEATH	(82-d) n x /
County Real	Registration Dist. No.
Village or City Locust Grove	NoSt.,Wa
Length of residence in city or town where death occurred	_mosds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: No. Local Diagram (Usual place of abode)	St., Ward.  If nonresident give gity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word Wildred	
5a. If married, widowed, or divorced HUSBANO of (or) Wife of Morely Parker	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Clar. 6, 1856	I last sawh ativa on 19 death is sa
7. AGE Years Months Days If LESS that I day,	
Ra Trade, profession, or particular kind of work dona, as SPINNER.	- Programme Paralyses 1936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and 1918 spant in this year)	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Culture (State or country)	
13. NAME Prince Sundry Prince 14. BIRTHPLACE (city or town) Confirmed Control of Control	
Y 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MATOEN NAME Mary Canin Marks 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. MEDRIMANT Lever & Franker (Seconds)	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Centreviels Data March 17,19	Manner of injury
19. UNDERTAKER Daiton Brown (Addiess) Centreville Med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mouh (5, 1933 Melais Registrar	(Signed Larry L. Doll, Cary M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(3 % 6)			
Other contributory causes of importances		Other contributory causes of importance:	The nate
Gallstones	May 1,1923	Gastroenteritis	1 year
12.			

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MAY 2 1003			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
4.00000000	142 (191,1020)	duoir bontor tito	1 yeur

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL SPACE	ron	FURTHER	STATEMENTS	DI	FHISICIAN

PHYSICIANS should state CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED WRITE-PLAINLY, W.

1. PLACE OF DEATH	1				Parietration I	Dist. No. 200	
L		····		At-	registration L		
Village or City	ueer		(lf	death occurred in a hospital or ins	stitution, give its NAME	instead of street and	Wa number)
Length of residence in city	or town where dea	th occurred		ds. How long in U.S.			
2. FULL NAME	une.	6.	Luin	m.			
(a) Residence: No.				St., Ward.			
		(Usual place	of abode)		If nonresident s	give city or town ar	d State
PERSONAL AND				MEDICAL	CERTIFICATE	OF DEATH	
SEX 4. COLOR	OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Month)	3_/ (Day)	., 193
. If marriad, widowad or divorca	d 10 (	) '					
(or) WIFE of January	-11.0	Down	in	22. I HEREI	BYCERTIFY		
0	Me	11/1	11011	MAN LA TO	, 192.8, to/.	//	
DATE OF BIRTH (month, day, a AGE Yaars	Months T	Days	86     If LESS than	I last saw h alive on to have occurred on the date s	9 /	Jan 20, 1933	; death is
7/	10	//	1 day,hrs.	The PRINCIPAL CAUSE OF Diwera as follows:		s of importance	10.6
8. Trada, profession, or parti	cular //		./		A	1	Date of o
kind of work done, as SAWYER, BOOKKEEPE		raem	f.	Diabete	- Meli	Lucia	492
9. Industry or business in w work was done, as SIL SAW MILL, BANK, etc.	hich K MILL,						
10 Date dacaased last workage	t at	11. Total t	ima (vears)				
this occupation (month year)	and	spe occi	ima (years) nt in this upation				
BIRTHPLACE (city or town) (State or country)	7///			Other Contributory Causes of i	mportanca:		
13. NAME Latrice	6 7	11/1/1	1 ni				
	9	and of	- 4				
14. BIRTHPLACE (city or town (State or country)	)	LA CE					
15. MAIDEN NAME	MIN	Marie	1	What test confirmed diagnosis?			
1100		1	11	23. If death was due to axtarnal			•
16. BIRTHPLACE (city or town (State or country)		elle	early	Accident, suicide, or homicide? Whare did injury occur?		ate or injury	, 19
17. INFORMANT James R. Julium (Address)				Spacify whathar injury occurre	(Specify city or t	lown, county and St ME, or in PUBLIC P	ate) LACE.
BURIAL, CREMATION, OR REM	OVAL MIL	DateMar	M23,19.33	Mannar of Injury			
UNDERTAKER (Address)	ch. Vi	Fresh	edmy	24. Was disease or injury in an		tion of deceasad?	w
. FILED Mary 2 2, 19.	3.3	Hus!	7 Janes	(Signed)	201	off fr	ul-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilensy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

B. WHILE I LAND IN THE LINE IN THE STATE OF	mation should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP.	1
0 111	houl	00	1
777	03	of	1
SACE S	IAN	ment	
	SIC	state	
2	PHY	act s	
	χ.	Ex	
177	TL	ied.	
17771	AC	assif	
17317	EX	y cl	te.
1 47	ited	perl	tifica
10	sts	pro	cer
TITE	be	be	of
	pluo	may	TION is very important. See instructions on back of certificate.
777	S	t it	no
5	AGI	tha	ions
TOTAL	d.	S, S0	ruct
TATE	pplie	term	inst
	y su	ain	See
	efull	ld ni	int.
4	Car	TH	port
1777	1 be	DEA	im.
1	hould	OF 1	very
777	s uc	SE	S
17 16	natic	CAU	CION
1	1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03040
1. PLACE OF DEATH	
County Sout	Registration Dist. No. 202
Village or City art restertown, Add.	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?rsmosds.
2. FULL NAME Thomas William Spran	ekling
(a) Residence: No. Sadcliffe Manor Chil	Short Boos Ward.
(Usual place of abode)	If nonresident give city or town and State
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hale white (ORDIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(ar) Willes Jarah & Spranklin	22.   HEREBY CERTIFY, That I attended deceased from 1952, to 3 2 3 1953
6. DATE OF BIRTH (month, day, and yeer) Hovember 17, 1860	I last saw hage alive on 3- 23 ,1957; deeth is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 6,
12 4 7 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.	apopuexa
9. Industry or business in which	
work was dona, as SILK MILL, Selevinary Setired	
1D. Date dacasad last worked at this occupation (month and spant in this	
this occupation (month and spent in this occupation occ	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Sallinore	WISP
(State or country) Afgryland	
13. NAME John J. Spranklin	
14. BIRTHPLACE (city or town) Saltimose (State or country)	Name of oparation
- (otala of country)	What test confirmed diagnosis? Was thara an aulopsy?
T	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Sullings (Stata or country)	Accident, suicide, or homicide?
Joh Nely 1. Oh Tel (S)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Dalling Horneland	Specify whethat injury occurred in INDUSTRY, IN NOME, OF IN PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Tremongunt (Pretery Date March 28, 1933	Nature of injury.
19 UNDERTAKER J. Selis Alark 1	24. Was disease or injury in any way related to occupation of deceased?
(Address) Senting Hod.	If so, specify I A Q I I
20 FILED May-27 1938 USV Acches	(Signad) M. D. M. D.
Registrar.	(Addrass) Micolarlorus,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		davido	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

			-	,	100	-
					la de	
6.	6	- 2	3	-		

inforstate OCCUPAplnods Every item of Jo PHYSICIANS statement CORD. Exact PERMANENT ACTL BINDING classified. certificate. properly FOR stated INK-THIS MARGIN RESERVED of See instructions on back plnods it may so that UNFADING supplied. CAUSE OF DEATH in plain terms, carefully is very important. mation should be -WRITE LION V. S. No.

ä

1. PLACE

County. Village of

Length of

(a) Resi

PERS

2. FULL I

5e. If married, w HUSBANO (or) WIFE

6. DATE OF BIR

8. Frede, p

9. Industry

12. BIRTHPLACE (Stete or

kind

SAW

work SAW 10. Oete der this o

yeer)

15. MAIDEN NAME

17. INFORMANT (Address)

18. BURIAL, CREMATION.

(Address)

19. UNDERTAKER

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town (Stete or country)

OR REMOVAL

(State or country)

7. AGE

OCCUPATION

FATHER

MOTHER

3. SEX

STATE OF MARYLAND-	CERTIFICATE OF DEATH
OF DEATH	Registration Dist. No.
	death occurred in a horpital or institution, give its NAME instead of street and number)
residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
dence: No. Olivai Carie (Usual place of abode)	If nonresident give city or town and State
ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / Nch. /5- (Month) (Day) (Year)
idowed, or divorced of Marjanis Strict.  TH (month, dey, and year) Nov 25-1893	22. I HEREBY CERTIFY, That I ettended deceased from  No Hucking 19 19 19 19 19 19 19 19 19 19 19 19 19
Yeers Months Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, et 2:30 Å, m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
rofession, or particular of work done, es SPINNER, YER, BOOKKEEPER, etc	Agacture of Shock, Thickeys
or business in which was done, es SILK MILL, MILL, BANK, etc	immediate Leath 1933
coupation (month and 1922)  (city or town)  (city or town)  (country)	Other Coutributory Causes of importance:
country)	

Name of operation What test confirmed diagnosis?. 23. If deeth wes due to external causes (VIOL Accident, suicider or homicide

(Specify city or town, county and State) occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Noture Si isjur	vanita hall - Hraceing Shan
24. Was diseese	or injury in anyway releted to occupetion of deceased? alve
If so, specify_	and selection
(Signed)_	Harry F. Dodd Cor, M.D

(Address) en Mary & Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I			Example II		
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arleriosclerosis	MPR 1 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis .	All I Took	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURBAU V.	July 5, 1927	Peritonitis	3 days ago	
	DUSTER	11			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

should state of OCCUPAitem of infor-CORD. Every PHYSICIANS Stated EXACTLY. PHYSICIANTS stated EXACTLY. Exact statement UNFADING INK-THIS IS A PERMANENT TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be supplied. mation should be carefully

FOR BINDING

MARGIN RESERVED

County Kent No.  Village or City Rock Hall  (If death occurred in city of town where death occurred yrs mos. ds. 1	Registration Dist. No. 203  St., Ward in a hospital or institution, give its NAME instead of street and number)
(If death occurred i	St.,Ward
2. FULL NAME Lula Soylor  (a) Residence: No. Rock Hall St.	How long in U.S. If of foreign birth?yrsmosds.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced	OF DEATH March 6, 193 3 (Year)
HUSBANO of Charles Yoylor 22. Jan.	I HEREBY CERTIFY. That I attended deceased from 1933, to March 6, 1933
3 3 - I lday,hrs. The PRINCIP were es follow	red on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, June of House work SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Dato decased last worked at this occupation (month and the properties) of the properties of month and the properties of the properties o	water due to 2 was
year)	outery Causes of importance:
13. NAME Muknows	
14. BIRTHPLACE (city or town) Name of oper (State or country) What test con	ation
15. MAIOEN NAME  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  23. If death wa Accident, suic	Is due to external causes (VIOLENCE) fill in also tha following:  clde, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  Place Shark Lown Date Market 1938.  Manner of injunctions of the control of	,
20. FILED 3/9/, 1933 B. Luw ormaling (Signed)	1 Monato

STATE OF MARYLAND—CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, WI

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Level 1	Registration Dist. No. 204
Village or City Last Resyclasor	No Kesterlacon # 4 St., Ward
(If Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME This form of as	denal C Warreal
(a) Residence: No. Georgetacon	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar. 11. 1933	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.
8 Trade profession or particular	Dell bom - y mo. Oate olonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1
work was done, es SILK MILL, SAW MILL, BANK, etc	My parelle parelle
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
yeer) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / Leuts Lo	Other Control of Causes of Importance.
(State or country)	
14. BIRTHPLACE (city or town) Level 23	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
15. MAIDEN NAME (INCLUSE COOPER)  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Dracy Cooper (Address) Charlette we de	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Merzelown Date May 11 , 1933	Nature of Injury
19. UNOERTAKER Office Company (Address)	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Mary 19.33 In Brith	(Signed) Fraul (M. Anulk K-K Me
Registrar.	(Address) Alderlason

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	/EDI	Example II		
The principal cause of death and related of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance	e:	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			,	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Ī
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should state CORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be WRITE PLAINLY, We I UNFADI mation should be carefully supplied. N. B.-WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH		940	03045
County / Lew		Registration Dist. No.	101
Village or City Corun	flow	No. St	Ward
/	(1	f death occurred in a hospital or institution, give its NAME instead of street	
Length of residence in city or town where death	occurredyrsmo	sds. How long in U.S. if of foreign birth?yrs	mosds
2. FULL NAME Waller a	very Wall	5,	
(a) Residence: No. Meet	Persolve Dur	St. Ward.	
(u) hosidonos. Ho.	(Usual place of abode)	If nonresident give city or tow	n and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE 5.	DE DIVORCED (write the word)	21. DATE OF DEATH Quay	5
The terms of the t	rearried	(Month) (Day)	(Year)
a. If married, widowed, or divorcad HUSBAND of	9	22. A I HEREBY CERTIFY, That I atte	adad dassasad too
(or) WIFE of Marsha	Walls	Tueb 10 10 33 10 Mar	rided deceased from
2010	-17 1884	I last saw h sure alive on march & 190	35
. DATE OF BIRTH (month, day, and year)	Days   If LESS than	7.700	25.; death is sai
HV A	1 day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance	
18 10 4	4   ormin.	wera as follows:	Date of onse
8. Trade, profession, or particular kind of work dona, as SPINNER,	mer	- Joseph	120010
SAWYER, BOOKKEEPER, etc	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
work was dona, as SILK MILL, SAW MILL, BANK, etc.			
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	11. Total time (years)	^	
this occupation (month and year)	spent in this occupation		
Chemoli	14'08	Other Contributory Causes of importance:	- 1
2. BIRTHPLACE (city or town)	and med	Cardiac Veuralgra	2
	(1) ott	(Chujina)	
13. NAME / Degatuin  14. BIRTHPLACE (city or town)	Wells		
14. BIRTHPLACE (city or town)		Name of operation Date	of
(State or country)	ma.	What test confirmed diagnosis? Was there	e an autopsy?
15. MAIDEN NAME Carera	Walls	23. If death was due to external causas (VIOLENCE) fill in also the foll	owing:
15. MAIDEN NAME Saura  16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	
(Stata or country)	ind	Where did injury occur?	
Twantle a. &	falts	(Specify city or town, county an Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLI	d State)
7. INFORMANT Must Ma	MA	Trooping and the second of the second of the second	TENUE.
B. BURIAL, CREMATION, OR REMOVAL	7	Manner of injury	
Place Cirer de / till D	ne levar, 11, 19 33	Nature of Injury	
(1000 1 x . 4	1-1-1	Nature of injury	
9. UNDERTAKER	-04	24. Was disease or injury in any way related to occupation of deceased	d?
(Address) Yhunki 1900	00.0	If so, specify	
20. FILED Muschelo, 1933 VIII	Celayy	(Signed)	М. Г
	Registrar.	(Address) torumplan	any

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN							
No by and the	The state of the s		100				

1. PLACE OF DEA	STATE O	F MAR	YLAND-	CERTIFICATE (	OF DEATH	03046		
				(61-60)	Desistantian Diet No. 7	13		
, , –	County / essp.				Registration Dist. No. 203			
Village or City Length of residence in			(II) # mos	No.  death occurred in a hospital or institutids. How long in U.S. if of	ion, give its NAME instead of street foreign birth?yrs			
2. FULL NAME	Duran	nia	Lee	Willson				
(a) Residence: No.	g Co	(Usual place	ell of abode)	St.,Ward.	If nonresident give city or town	n and State		
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)				21. DATE OF DEATH	march, 2	, 193 <b>3</b>		
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I ettended deceesed from					
6. DATE OF BIRTH (month, d	ay, and year)	W. 12	1.1937		19, to, 19.			
7. AGE Years	Months	Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH		4		
8 Trade profession or particular			Mr deter	and.	Date of onset			
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at his occuration (month and			Lenouge	la hill f	- //			
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation occupation			Dide Grobably	secondary to stitis	media.			
12. BIRTHPLACE (city or town (State or country)	) Arc	K Sho	ul	Other Contributory Causes of impor	riance Resease, ropid no finite founds	rothing		
13. NAME 14. BIRTHPLACE (city or	aurice	low	in	fr /24	hours.			
14. BIRTHPLACE (city or	,	suc o	sel	Name of operation	Dete	of		
(State of country)	000	5-1	Sus	What test confirmed diagnosis?	Was there	e an autopsy?		
15. MAIDEN NAME  16. BIRTHPLACE (city or (State or country)		fore	20 ms	23. If death was due to external cause Accident, suicide, or homicide? Where did injury occur?	ses (VIOLENCE) fill in also the foll			
17. INFORMANT Lolar (Address)	Je M	Will	en.		(Specify city or town, county and INDUSTRY, in HOME, or in PUBLI	d State) IC PLACE,		
18. BURIAL, CREMATION, OR Place Austral	Town Ces	Mpate 3/	' 8' <sub>,19</sub> 33	Menner of Injury				
19. UNDERTAKER W. (Addiess)	4. Jos	Toile	, md	24. Was disease or injury in eny wa	ay related to occupation of decodesec	d?		
20. FILED 3/8	, 19. 2 3 /3	Trens Dr	noling	(Signed)	feel fue	N. D. M. D		

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 3 1933	July 5,1927	Peritonitis	3 days ago	
	BUREAU Y.S.				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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